

EVIDENCE OF PARTIAL TRANSFER OF CLAIM

TO: The Debtor and the U.S. Bankruptcy Court

For value received, the adequacy and sufficient of which are hereby acknowledged, Banco di Desio e della Brianza S.p.A. ("Transferor"), unconditionally and irrevocably transfers and assigns to Banca Passadore ("Transferee") an undivided pro rata interest in EUR 20,000.00 (USD 28,472.00) ("Transferred Portion") of Transferor's right, title, interest and claims in and to, or arising under or in connection with, its claim (as such term is defined in Section 101(5) of the U.S. Bankruptcy Code) against Lehman Brothers Holdings, Inc. ("Debtor"), debtor in Case No. 08-13555 pending in the United States Bankruptcy Court for the Southern District of New York ("Bankruptcy Court") and the relevant portion of the claim evidenced by Proof of Claim No. 44207 ("Claim") filed by the Transferor in the case with respect to the Claim.

Transferor waives any objection to the transfer of the Transferred Portion of the Claim to Transferee on the books and records of the Debtor and the Bankruptcy Court, and waives to the fullest extent permitted by law any notice or right to a hearing that may be provided by Rule 3001 of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local rules of the Bankruptcy Court or applicable law with respect to such transfer. Transferor acknowledges and understands, and hereby stipulates, that an order of the Bankruptcy Court may be entered without further notice to Transferor transferring to Transferee the foregoing Transferred Portion of the Claim, recognizing Transferor as the sole owner and holder of the Transferred Portion of the Claim, and directing that all payments or distributions of money or property in respect of the Transferred Portion of the claim be delivered or made to the Transferee.

IN WITNESS WHEREOF, this Evidence of Partial Transfer of Claim is executed as of this 2nd day of September 2013.

BANCO DI DESIO E DELLA BRIANZA S.p.A.
Transferor

By: _____
Name: GRAZIELLA BOLOGNA
Title: Head of Financial Dept.

BANCA PASSADORE
Transferee

By: Francesco Passadore
Name: FRANCESCO PASSADORE
Title: CHIEF EXECUTIVE OFFICER

Schedule 1

Transferred Claims

Purchased Claim

0.26403% of XS0176153350 = USD 28,472.00 of USD 10,783,770.00 (i.e. the outstanding amount of XS0176153350 as described in the Proof of Claim dated 10/22/2009).

Lehman Programs Securities to which Transfer Relates

Description of Security	ISIN/CUSIP	Issuer	Guarantor	Principal/Notional Amount	Maturity	Accrued Amount (as of Proof of Claim Filing Date)
Eur FL.R Lehman Bros.Treas.Co.Bv 03-2013	XS0176153350	Lehman Brothers Treasury Co. B.V.	Lehman Brothers Holdings Inc.	EUR 20,000.00 (equivalent to USD 28,528.00)	10/10/2013	EUR 19,960.74 (equivalent to USD 28,472.00)

BANCO DI DESIO E DELLA BRIANZA S.p.A.

GRAZIELLA BOLOGNA
HEAD OF FINANCIAL DEPT.



BANCA PASSADORE



FRANCESCO PASSADORE
CHIEF EXECUTIVE OFFICER

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

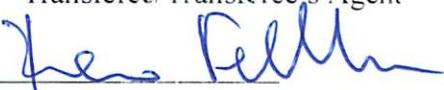
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In re : Chapter 11 Case No.
LEHMAN BROTHERS HOLDINGS INC., et al., : 08-13555 (JMP)
Debtors. : (Jointly Administered)
-----X-----

PARTIAL TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). The Transferee named below hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the portion of the claim referenced in this evidence and notice.

BANCA PASSADORE	BANCO DI DESIO E DELLA BRIANZA S.P.A.
Name of Transferee	Name of Transferor
Name and address where notices to Transferee should be sent: BANCA PASSADORE Attention: Mr. Maurizio Muzio Servizio Amministrativo Titoli/Ufficio Amministrazione Titoli Via E. Vernazza, 27 16121 - GENOVA - GE - ITALY	Court Claim # (if known): 44207 Amount of Claim as Filed: US\$ 10,783,770.00 Amount of Claim Transferred: EUR 20,000.00 Amount of Claim Transferred: US\$ 28,472.00 Date Claim Filed: Oct 22, 2009
Name and address where payments to Transferee should be sent (if different from above):	

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

BANCA PASSADORE
Transferee/Transferee's Agent
By: 

Date: September 2nd, 2013

Name: FRANCESCO PASSADORE
Title: CHIEF EXECUTIVE OFFICER

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 357.

United States Bankruptcy Court/Southern District of New York
 Lehman Brothers Holdings Claims Processing Center
 c/o Epiq Bankruptcy Solutions, LLC
 FDR Station, P.O. Box 5076
 New York, NY 10150-5076

In Re:
 Lehman Brothers Holdings Inc., et al.,
 Debtors. Chapter 11
 Case No. 08-13555 (JMP)
 (Jointly Administered)

LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

Filed: USBC - Southern District of New York
 Lehman Brothers Holdings Inc., Et Al.
 08-13555 (JMP) 0000044207

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)
CREDITO PRIVATO COMMERCIALE SA
VIA ZURIGO 46
6901 LUGANO
SWITZERLAND

0041919122929 backoffice@cpclugano.ch

Telephone number: Email Address:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 10'783'770.-- (Required) (eur 7'575'000*1.4236)

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0176153350 (Required)

3. Provide the Clearstream Bank Blocking Number, Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and/or other depository blocking reference number: 6049731

(Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: EUROCLEAR 22'837
 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date.
 21.10.09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY	
FILED / RECEIVED	
OCT 22 2009	
EPIQ BANKRUPTCY SOLUTIONS, LLC	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

MAURO SCHULZ
 ASS. MANAGER

FABRIZIO ZAMUNER
 SEN. ATT. OFFICER

breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured, or unsecured.

All notices and distributions with respect to any filed claims based on Lehman Programs Securities will be sent to the party that filed the claim at the address set forth on the Securities Programs Proof of Claim Form submitted. Any entity that files a Securities Programs Proof of Claim consents to receive all such notices and distributions at the address specified on the Securities Programs Proof of Claim and is responsible for any objections raised by the Debtors related to such claim.

An entity that files a claim based on any Lehman Programs Security, by filing such claim, consents to and is deemed to have authorized Euroclear, Clearstream, or other depository, as appropriate, to disclose their identity and holdings of Lehman Programs Securities to LBHI for the purpose of reconciling claims.

2. WHO NEED NOT FILE A SECURITIES PROGRAMS PROOF OF CLAIM

YOU SHOULD NOT FILE A SECURITIES PROGRAMS PROOF OF CLAIM IF YOU DO NOT HAVE A CLAIM AGAINST LBHI BASED ON LEHMAN PROGRAMS SECURITIES.

3. WHEN AND WHERE TO FILE

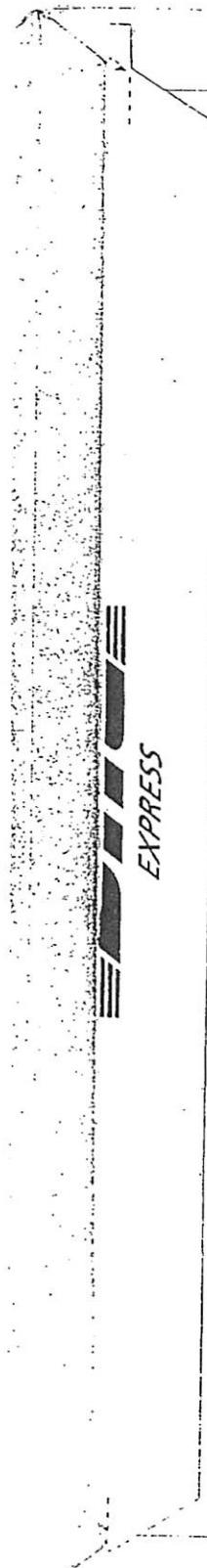
All Programs Securities Proofs of Claim must be filed so as to be actually received on or before the Programs Securities Bar Date at the following address:

If by overnight courier, to:	If by mail, to:
Epiq Bankruptcy Solutions, LLC Attn: Lehman Brothers Holdings Claims Processing 757 Third Avenue, 3rd Floor New York, New York 10017 USA	Lehman Brothers Holdings Claims Processing c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, New York 10150-5076 USA
If by hand delivery, to:	
Epiq Bankruptcy Solutions, LLC Attn: Lehman Brothers Holdings Claims Processing 757 Third Avenue, 3rd Floor New York, New York 10017 USA or Clerk of the United States Bankruptcy Court Attn: Lehman Brothers Holdings Claims Processing One Bowling Green New York, New York 10004 USA	

Securities Programs Proofs of Claim will be deemed timely filed only if actually received by Epiq or the Court on or before the Securities Programs Bar Date. Securities Programs Proofs of Claim may not be delivered by facsimile, telecopy, or electronic mail transmission.

4. WHAT TO FILE

If you file a Securities Programs Proof of Claim, your filed Securities Programs Proof of Claim must: (i) be written in the English language; (ii) to the extent a claim amount is reflected thereon, be denominated in the lawful currency of the United States using the exchange rate as applicable as of September 15, 2008; (iii) conform



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Shipment Air Waybill <small>International Air Mail Service</small> Delivery Note Document Number and Identification details Charge to: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Receiver <input type="checkbox"/> Consignee Phone Account No. Shipment Instructions and Remarks From (Shipment) Address: Shipper Reference (Up to 22 characters) Shipper's account number: 150142336		Destination Code LUG 0005 ZYP-TSS 10017 New York, United States LUG DOD Date: Shipment weight: Piece Qty Times Unit code Description WAVBILLL548611944 (L)US10017+42000000 JJD0013040152590060146	
Company name: Address: VIA H. Zurbrig Lugano Switzerland Postcode/City (Country) 6703		Delivery Note Document Number and Identification details Charge to: <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> Consignee Phone Account No. Shipment Instructions and Remarks To (Receiver) EASYSHIP/ CUSTOMER INFORMATION Phone/Fax or Email required Contact Person PL	
OR  ZAX NOVEMBER		  	
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